

**Employee Medical Accommodation Process Dispute Resolution Form**

Instructions: Please submit this form to the RTW Program Lead via email to request resolution of a dispute related to an employee medical accommodation. Attach any additional relevant information. See procedure document for further instructions.

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| --- | --- |
| **Name**Click here to enter text. | **Date**Click here to enter text. |
| **Job Title**Click here to enter text. | **Department**Click here to enter text. |

Members of Medical Accommodations team:

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| **Supervisor:**Click here to enter text. |
| **Union Rep (if applicable)**Click here to enter text. |
| **HR Consultant**Click here to enter text. |

**Is the dispute the result of a disagreement regarding:**

[x]  the employee’s functional abilities

[ ]  demands of the job,

[ ]  appropriateness of the accommodation

[ ]  RTW/MA process itself

[ ]  Other

**Please describe the details of the dispute:**

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| --- |
| Click here to enter text. |

**What are your suggestions for a resolution?**

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| Click here to enter text. |

**Employee Medical Accommodation Process Dispute Resolution**

**RTW Program Lead Recommendations**

Members of Medical Accommodations team:

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| **Supervisor:**Click here to enter text. |
| **Union Rep (if applicable)**Click here to enter text. |
| **HR Consultant**Click here to enter text. |

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| **RTW Program Lead Name**Click here to enter text. |
| **Date Request Received**dd-mm-yyyy | **Date met with MAAP Team**dd-mm-yyyy Click here to enter text. |

Do any parties outside of the Medical Accommodations Team need to be involved in order to reach resolution:

[ ]  No

[ ]  Yes – explain below:

 Click here to enter text.

|  |  |  |
| --- | --- | --- |
| Recommendations for resolution: | Target Date | Person Responsible |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Next Steps:**

**If all members of the MAAP team are satisfied with the recommendations, they will meet to update Action Plan and implement next steps within the agreed upon timelines.**

**If any member of MAAP team is not in agreement with recommendations, they may appeal to the VP HR & Student Services by completing the sections below.**

**Employee Medical Accommodation Process Dispute Resolution**

**APPEAL TO VP HUMAN RESOURCES & STUDENT SERVICES**

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| --- | --- |
| **Name**Click here to enter text. | **Date**Click here to enter text. |
| **Job Title**Click here to enter text. | **Department**Click here to enter text. |

Members of Medical Accommodations team:

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| --- |
| **Supervisor:**Click here to enter text. |
| **Union Rep (if applicable)**Click here to enter text. |
| **HR Consultant**Click here to enter text. |
| **RTW Program Lead**Click here to enter text. |

**Please provide your rational for appealing RTW Program Lead recommendations:**

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| --- |
| Click here to enter text. |